

may have been called in to consult or assist. B. could not ethically have taken over the case during the illness in which he was asked to assist.

RIVAL CLAIMS TO A CASE.

DOUBTFUL.—A. and B. are practitioners in the same district. A. is summoned to see the child of C., but as he is engaged for some hours tells C. to call in some one else if he cannot wait. Accordingly C. requested B. to see the case without telling him he had been for A. When B. has seen the child he meets A. going to see it, and they decide to return together and consult on the case. Neither A. nor B. had previously attended the family, but A. had attended C.'s relations: on this ground and by reason of the fact that A. had been summoned first, he (A.) considered that he had a prior claim to the case, and accordingly B. withdrew. Was B. acting in conformity with the ethical law in the point or would he have been justified in pressing his claim to the case?

*** As A. told C. to "call in some one else if he could not wait," and as C. of his own choice requested B. to attend, B. would have been justified in retaining the case. If A. had wished to keep the case he should have asked B. to see the case for him, but it does not appear that B. acted as A.'s substitute.

ANAESTHETISTS' FEES.

ASTONISHED writes that he was called in by a brother practitioner to administer an anaesthetic. He received no fee on that occasion, and later applied to the practitioner for payment. This was refused, and he was told he should apply to the patient. He persisted in his claim, and at length was paid by his colleague, but not before he had threatened to have the matter settled in a court of law. Was he justified in the course he pursued, and would he have been successful in the county court?

*** It is the duty of a practitioner calling in an anaesthetist to see that he is paid, and he is legally responsible for the fee. He is not justified in referring the anaesthetist to his patient, and if he had been sued he would probably have been forced to pay, and would have been responsible for any scandal brought upon the profession by such an action.

A CHOICE OF PARTNERS.

"**INQUIRER**" writes that a senior partner has been attending a patient who, without giving the former notice, sends for the junior partner. What should the junior partner do?

*** The junior should attend if the patient so desires. As both partners are interested in retaining the patient it would be absurd for any division to arise between them on this account.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

MANCHESTER R.A.M. VOLUNTEER CORPS.

THE opening ceremony in connexion with the new head quarters of the Manchester Royal Army Medical Volunteer Corps took place on Saturday, January 7th. Colonel Coates, as chairman, and commanding the Manchester companies, gave a brief history of the corps since its formation in 1885. In addition to the facts already given in the *BRITISH MEDICAL JOURNAL* the following may be of interest. Colonel Coates stated that the original strength was one company of 100 men, and their head quarters an old cottage in Burlington Street. Shortly afterwards a second company was added. Now they held a record in the fact that they had the honour of sending the largest contingent of volunteers to the front during the late campaign in South Africa. At present their strength was 924 non-commissioned officers and men in seven companies and nine transport sections. Hence the need for new head quarters. To meet the disbursement £4,000 had been obtained by public subscription, and this response, though generous, was totally inadequate to meet their requirements. The War Office gave a loan of £10,000, which must be repaid. The Lord Mayor unveiled a tablet in memory of the men of the corps—seven in number—who died whilst on service in South Africa. Major-General Mackinnon, Director-General of the Auxiliary Forces, declared the building open. He said that in the future reorganization of our land forces the volunteers were intended to occupy a more prominent position than they had done hitherto. In future they would become more and more an integral part of the forces of the country.

INDIAN MEDICAL SERVICE.

RATES OF HALF-PAY.

THE Secretary of State has decided that the rates of half-pay of officers of the Indian Medical Service shall in future be the same as those laid down in the Royal Warrant for those of the same rank in the Royal Army Medical Corps.

THE AMERICAN CANCER COMMISSION.—According to a telegram from New York which appeared in the *Daily Telegraph* of January 10th, the American Cancer Commission has come to the conclusion that cancer is not a hereditary disease. In an elaborate report covering its four years' investigation the Commission states that its main effort has been to discover the cause of cancer, and that it has completely failed. The Commission rejects the parasitic theory, and is inclined to believe that it may be due to errors in development. With regard to treatment, the Commission holds that cancer can be completely cured if the patient is operated on early and thoroughly. Certain superficial cancers can be cured by the x rays, but for deep cancers that method is considered useless.

OBITUARY.

FRANCIS HENRY BLAXALL, M.D., ETC.,

Fleet Surgeon R.N. (retired), late Medical Inspector H.M. Local Government Board.

THERE has recently passed away at an advanced age a public official who made his mark in two allied spheres of work, and earned the honour and esteem of a large circle of friends in each—Dr. Blaxall, of Bath, formerly of the Royal Navy, and more recently connected with the Local Government Board. Francis Henry Blaxall served in the Royal Navy for over twenty years, attaining the rank of Fleet Surgeon on his retirement. During his naval career he served in the Russian war, receiving the honour of the Baltic medal.

Having become known, from his work on Mauritius fever and other researches, to be a painstaking and scientific observer, Blaxall was first engaged as an Inspector of the Privy Council under Simon, and afterwards served as an Inspector of the Local Government Board under Seaton and Buchanan. During his service in that capacity, from 1871 to 1891, he took part in many and various branches of sanitary work. Thus he was intimately engaged in carrying out the administration of the Vaccination Acts of 1867 and 1871; he organized and took considerable share in the "cholera survey" of the ports and port sanitary districts of the country; and he made numerous inquiries for the Board into the etiology of infectious diseases, and the sanitary circumstances and administration of many districts of the kingdom. Thus, Blaxall's name is associated with inquiries into enteric fever at Sherborne, Wellington, Calne, Festiniog, Gunnislake, Padstow, Selborne, Blaby, Melton Mowbray, Ilkeston, Weston-super-Mare; into diphtheria at Sculcoates, Plymouth, Taunton, Kingsclere, Midsomer Norton; into scarlet fever at Swindon and Lower Brixham; into measles at Bridgewater. Further, he made special investigation into the sanitary state of Redruth, Wiveliscombe, Newtown, Okehampton, North and South Tawton, Keynsham; and into questions of water supply at St. Ann's Chapel and Burnham. Blaxall's reports on these inquiries have all been published, and are monuments of patience, skill, and industry. The medical officer's annual volumes also contain some very important reports of his on the constitution of port sanitary districts. His intimate knowledge of nautical matters was of the greatest service to the Board in this connexion, and it may be said that much of the success of port sanitary administration to-day is due to the efforts of Blaxall in establishing it upon secure foundations.

On his retirement from public life in 1891 he had a fierce tussle with the Treasury over his pension, in which he ultimately won. It was seriously contemplated to reduce his civil pension by the amount of his naval pension, both of which Blaxall had fairly earned. It is gratifying to record that he succeeded in retaining both and in living fourteen years to enjoy them. These troubles over, Blaxall spent a happy, though uneventful, retirement at Bath, where he lived during his later career, and where he was always delighted to welcome his old friends, both official and private. Recurring attacks of bronchitis weakened him greatly, and the end came on December 23rd.

Blaxall was an eminently lovable man, and his warm-heartedness was only equalled by his transparent honesty and straightforwardness. He had many of the characteristics of a sailor, such as a buoyant breeziness which seemed to sweep everything before it. He was very popular amongst all his friends and acquaintances, as well as those with whom he was brought into official contact. His death is greatly regretted by all who knew and had been associated with him. His wife, a daughter of Admiral McHardy and sister of Professor McHardy, of King's College, predeceased him. He left no issue.

JAMES ARMSTRONG, M.B. EDIN., L.R.C.S. EDIN.,

Consulting Physician, Lying-in Hospital, Liverpool.

WE regret to record the death of Dr. James Armstrong, which took place on December 26th, 1904, at his residence, Plas Bennett, Denbigh. He was born about fifty-eight years ago, and studied at the University of Edinburgh, where he graduated M.B. in 1868. He subsequently settled in Liverpool, and practised in Rodney Street until his retirement a few years ago. He had a high-class general practice, with a tendency to specialize in the diseases of women and children, and he was the author of several papers dealing with the practical